and the second s	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailtiness.	A. Signature B. Received by (Printed Name) A. Signature Addressee S. Date of Delivery
Article Addressed to: Mr. Charles W. Goggins	D. Is delivery address different from item 1?
3176 County Road 47 Clanton, Arabama 35045	2:07CV 680 alaas Sm, + cmg
	Certified Mail Registered Insured Mail Return Receipt for Merchandise C.O.D. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7003 311	
PS Form 3811, February 2004 Domestic Ret	

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